



Report of Death

000044445517975

Vital Statistics 25 TAC Sec. 181.2(a) "The funeral director, or person acting as such, who assumes custody of a dead body or fetus shall obtain an electronically filed report of death through a Bureau of Vital Statistics system or complete a report of death before transporting the body. The report of death shall within 24 hours be mailed or otherwise transmitted to the local registrar of the district in which the death occurred or in which the body was found. A copy of the completed or electronically filed report of death as prescribed by the Bureau of Vital Statistics shall serve as authority to transport or bury the body or fetus within this state."

Print in dark ink the legal name of the deceased as shown on the Social Security card or birth

TRACEY	VARGAS			VARGAS					
first	middle	last	suffix	AKA	maiden				
Date of Death	<u>12</u> month	<u>19</u> day	<u>2022</u> year	Sex	<u>FEMALE</u>	Date of Birth	<u>11</u> month	<u>02</u> day	<u>1987</u> year

Social Security Number 4 6 1 - 9 1 - 5 9 5 2 None Not Available

Place of Death (check one)

- | | |
|--|---|
| <input type="checkbox"/> Hospital Inpatient
<input type="checkbox"/> Hospital Emergency Room/Outpatient
<input type="checkbox"/> Hospital Dead on Arrival
<input type="checkbox"/> Hospice Facility | <input type="checkbox"/> Nursing home/Long term care facility
<input type="checkbox"/> Home of Deceased
<input checked="" type="checkbox"/> Other (specify): <u>PRIVATE RESIDENCE</u> |
|--|---|

Facility Name (If not institution, give street & number)

506 BENRUS BLVD.

City, Town, or Precinct Number

SAN ANTONIO, 78228

County

BEXAR

Local registration office for the area where this death occurred: **REGISTRAR - SAN ANTONIO CITY CLERK**

- This death may be due to homicide, suicide or accident; or this death occurred without medical attendance.

This death will be certified by: Physician Medical Examiner Justice of the Peace

Name and address of certifier:

DAVID T LYNCH

BEXAR COUNTY ME

7337 LOUIS PASTEUR DRIVE
SAN ANTONIO, TX 78227

Name and address of person making this report (if funeral director list license number and funeral home):

HALEE DONNELL 118300

FUNERARIA DEL ANGEL ROY AKERS

515 N. MAIN AVE.
SAN ANTONIO, TX 78205

HALEE DONNELL- BY ELECTRONIC SIGNATURE

01/09/2023

Signature or electronic verification of person making this report

Date of report

The Report of Death may be mailed, faxed, emailed, electronically registered or conveyed in person. A copy of this document is to accompany the body. This report contains confidential information.

Date /Time Received

Report	
Certificate	
Electronic	

Registrar Use Only